

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/ 539317	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1	1	1	1	1	1	
2		1	1	1	1	1	
3		1	1	1	1	1	
4		3	1	1	1	1	
5		3	1	1	1	1	
6		1	1	1	1	1	
7		1	1	1	1	1	
8		1	1	1	1	1	
9	1	1	1	1	1	1	
10		1	1	1	1	1	
11		1	1	1	1	1	
12		3	1	1	1	1	
13		1	1	1	1	1	
14		1	1	1	1	1	
15		1	1	1	1	1	
16		1	1	1	1	1	
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TOTAL IND.	2	↓	2	↓	1	↓	
TOTAL DEP.	20	←	14	←	1	←	
TOTAL CLAIMS	22		14				
CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							